

NT RECORD
WRITE PLAINLY WITH UNFADING INK
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila,</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>183</u>
District of <u>Globe,</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>834</u>
Town of _____			Local Registrar No. _____
or _____			St. _____ Ward _____
City of <u>Globe,</u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>William Oscar Kellner,</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male,</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>Yes</u>
		5. No., in order of birth _____	7. Date of birth <u>10</u> <u>31</u> <u>1924</u> Month day year
8. FATHER		14. MOTHER	
Full name <u>William T. Kellner,</u>		Full maiden name <u>Leana Smith,</u>	
9. Residence (Usual place of abode) <u>Globe,</u>		15. Residence (Usual place of abode) <u>Globe,</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>White</u>	11. Age at last birthday <u>32</u> (Years)	16. Color or race <u>White,</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Globe,</u>		18. Birthplace (city or place) <u>Cripple Creek,</u>	
(State or country) <u>Arizona,</u>		(State or country) <u>Colo.</u>	
13. Occupation <u>Merchant.</u>		19. Occupation <u>Housewife,</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes.</u>	
(a) Born alive and now living _____			
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive,</u> at <u>7 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>H. E. Wightman</u>	
Given name added from a supplemental report _____		(Physician or midwife)	
Month, day, year.		Address <u>Globe, Ariz.</u>	
Registrar.		Filed <u>11-1</u> , 1924 <u>11-5</u> , 1924	
		Local Registrar. <u>R. J. Gray</u>	
		County Registrar.	

629-1031-328